

RECEIVED
CENTRAL FAX CENTER

OCT 17 2005

FENWICK & WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041
 Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: October 17, 2005

CLIENT-MATTER No.: 24207-10069

TO:

NAME	FAX NO.	PHONE NO.
USPTO	571-273-8300	

E B 55

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 3	ORIGINAL WILL NOT FOLLOW
------------------------------------	--------------------------

MESSAGE:

Please see attached.

CAUTION - CONFIDENTIAL

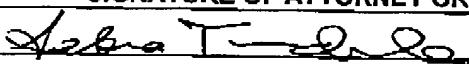
THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

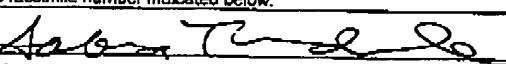
IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
 PLEASE CALL DANA CHEVALIER AT (650) 943-5363 AS SOON AS POSSIBLE.

A1000/00103/DOCS/1403268.1

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/814,773
		Filing Date	March 31, 2004
		First Named Inventor	Stephen R. Lawrence
		Group Art Unit Number	2171
		Examiner Name	Not Yet Known
Total Number of Pages in This Submission	2	Attorney Docket Number	24207-10069

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <input type="checkbox"/> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Correspondence Address Indication Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Sabra-Anne Truesdale, Reg. No. 55,687	Dated: 10-17-05

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:		
Typed or Printed Name:	Sabra-Anne R. Truesdale	Dated: 10-17-05
Facsimile Number:	571-273-8300	

**CORRESPONDENCE
ADDRESS
INDICATION FORM**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please recognize the following address as the correspondence address:

Customer Number

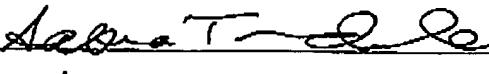
OR

Type Customer Number here

Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/541,476		09-30-2004
	10/749,439		12-31-2003
	10/749,440		12-31-2003
	10/749,620		12-31-2003
	10/750,105		12-31-2003
	10/750,109		12-31-2003
	10/765,014		01-26-2004
	10/813,818		03-31-2004
	10/814,365		03-31-2004
	10/814,414		03-31-2004
	10/814,487		03-31-2004
	10/814,766		03-31-2004
	10/814,773		03-31-2004
	10/814,908		03-31-2004
	10/814,924		03-31-2004
	10/815,158		03-31-2004
	10/854,060		05-26-2004
	10/872,504		06-22-2004
	10/881,643		06-30-2004
	10/882,059		06-30-2004
	10/882,066		06-30-2004
	10/948,710		09-23-2004
	11/018,812		12-20-2004
	11/026,616		12-31-2004
	11/026,681		12-31-2004

Typed Name	Sabra-Anne R. Truesdale	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	10-17-05	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041 Tel.: (650) 335-7187 Fax.: (650) 938-5200	<input checked="" type="checkbox"/> Attorney or Agent of record
		55,687 (Reg. No.)

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of one form is submitted.